

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|                                                                                             |                      |                        |          |
|---------------------------------------------------------------------------------------------|----------------------|------------------------|----------|
| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/605,222             |          |
|                                                                                             | Filing Date          | September 16, 2003     |          |
|                                                                                             | First Named Inventor | Karl M. Armagost       |          |
|                                                                                             | Art Unit             | 2627                   |          |
|                                                                                             | Examiner Name        | T. Chen                |          |
| Total Number of Pages in This Submission                                                    | 28                   | Attorney Docket Number | 1046_033 |

**ENCLOSURES (Check all that apply)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input checked="" type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><br>PTO/SB/30 (1 page; in duplicate); a Form PTO/SB/08A (1 page); and return receipt postcard. |
| <b>Remarks</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

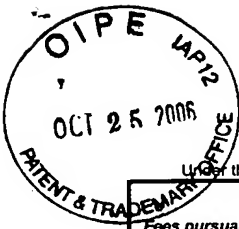
|              |                             |          |        |
|--------------|-----------------------------|----------|--------|
| Firm Name    | WALL MARJAMA & BILINSKI LLP |          |        |
| Signature    |                             |          |        |
| Printed name | Denis Sullivan              |          |        |
| Date         | October 25, 2006            | Reg. No. | 47,980 |

**Transmittal**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV676908145US, on the date shown below in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: October 25, 2006

Signature: (Cynthia Losurdo)



PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). |  | Complete if Known    |                    |
|-----------------------------------------------------------------------------------------------------|--|----------------------|--------------------|
| <b>FEE TRANSMITTAL</b><br><b>For FY 2005</b>                                                        |  | Application Number   | 10/605,222         |
|                                                                                                     |  | Filing Date          | September 16, 2003 |
|                                                                                                     |  | First Named Inventor | Karl M. Armagost   |
|                                                                                                     |  | Examiner Name        | T. Chen            |
|                                                                                                     |  | Art Unit             | 2627               |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27           |  | Attorney Docket No.  | 1046_033           |
| <b>TOTAL AMOUNT OF PAYMENT</b>                                                                      |  | <b>(\$)</b>          | <b>395.00</b>      |

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-0289 Deposit Account Name: Wall Marjama & Bilinski LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES |             |                       |             |                       |                  |                       |                |
|-----------------------------------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| Application Type                              | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|                                               | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility                                       | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design                                        | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant                                         | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue                                       | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional                                   | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

| 2. EXCESS CLAIM FEES                               |          |                       |
|----------------------------------------------------|----------|-----------------------|
| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

| Total Claims                                                           |          |               |          | Multiple Dependent Claims |  |
|------------------------------------------------------------------------|----------|---------------|----------|---------------------------|--|
| Extra Claims                                                           | Fee (\$) | Fee Paid (\$) | Fee (\$) | Fee Paid (\$)             |  |
| - 20 =                                                                 | x        | =             |          |                           |  |
| HP = highest number of total claims paid for, if greater than 20.      |          |               |          |                           |  |
| Indep. Claims                                                          |          |               |          | Multiple Dependent Claims |  |
| Extra Claims                                                           | Fee (\$) | Fee Paid (\$) | Fee (\$) | Fee Paid (\$)             |  |
| - 3 =                                                                  | x        | =             |          |                           |  |
| HP = highest number of independent claims paid for, if greater than 3. |          |               |          |                           |  |

| 3. APPLICATION SIZE FEE                                                                                                                                                                                                                                                                                           |              |                                                  |          |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------|----------|---------------|
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |              |                                                  |          |               |
| Total Sheets                                                                                                                                                                                                                                                                                                      | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| - 100 =                                                                                                                                                                                                                                                                                                           | /50          | (round up to a whole number) x                   | =        |               |

| 4. OTHER FEE(S)                                                                               |                |
|-----------------------------------------------------------------------------------------------|----------------|
|                                                                                               | Fees Paid (\$) |
| Non-English Specification, \$130 fee (no small entity discount)                               |                |
| Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ... | 395.00         |

| SUBMITTED BY      |                |                                   |                  |
|-------------------|----------------|-----------------------------------|------------------|
| Signature         |                | Registration No. (Attorney/Agent) | 47,980           |
| Name (Print/Type) | Denis Sullivan | Telephone                         | (315) 425-9000   |
|                   |                | Date                              | October 25, 2006 |

| Fee Transmittal                                                                                                                                                                                                                                                                                                                |                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV676908145US, on the date shown below in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                               |
| Dated: October 25, 2006                                                                                                                                                                                                                                                                                                        | Signature:  (Cynthia Losurdo) |